

Montgomery County Department of Housing and Community Affairs Licensing and Registration Unit

100 Maryland Avenue, 4th Floor, Rockville, Maryland 20850

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www.montgomerycountymd.gov/dhcalicensing • Licreq.intake@montgomerycountymd.gov

Multi-Family Apartment Complex RENTAL FACILITY LICENSE APPLICATION

- Please print clearly or type. Answer all applicable questions.
- Completed application MUST be signed by the property owner.
- Legal Agent MUST be assigned.
- Payment by check or money order MUST accompany application.
- Make checks payable to Montgomery County, Maryland.

OFFICE USE ONLY			
LICENSE#			
Year Built			
Date Recorded			
Entered By			
Deposit By			

Mail completed application with payment to address noted above.			Deposit By		
I. RENTAL PROPERTY INFORMATION					
		ls t	Is this a transfer? Yes / No		
Name of Complex					
ON SITE OFFICE ADDRES	SS: (if applicable)				
Street Number	Stre	et Name		Unit#	
City		St	ate	Zip	
Emergency Phone Number					
II. LICENSE FEE – Effectiv	ve July 1, 2015				
The licensing year is July 1 The annual license fee is \$4	_		-		
Total Number of Res Units (Do Not include Units			Complete Rent Roll (including apartment nu MUST Accompany	mber if applicable)	
Per unit L	icense Fee	X \$41.00			
TOTAL A	MOUNT DUE		Total Payment Due	MUST Accompany	

Please note: Montgomery County Government now uses the services of CheckVelocity - Enhanced Check Management Services. If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. www.checkvelocity.com

Application. Make Checks Payable to Montgomery County, Maryland

III. OWNERSHIP INFORMATION Please provide of A. Sole Proprietorship (Individual) or	wner information in the appropriate section only.
First Owner's Name	Second Owner's Name (If applicable)
First Owner's Street Address (If P.O. Box, Must Assign Legal Agent)	Second Owner's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Cell Phone Fax # *Email Address: (Please Print)	Cell Phone Fax # Email Address: (Please Print)
B. Partnership or Limited Liability Company	or
Name of Partnership or LLC	*** Partner's/Member's Name
Partnership/LLC Street Address	Partner's/Member's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Cell Phone Fax # *Email Address: (Please Print)	Cell Phone Fax # *Email Address: (Please Print)
	est, please provide additional partner/member info on a separate sheet.
C. Corporation <u>or</u>	
Name of Corporation	Name of Maryland Resident Agent
Corporation Street Address	Resident Agent's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Cell Phone Fax #	Cell Phone Fax #
*Email Address: (Please Print)	*Email Address: (Please Print)
Corporation P	resident's Name
Corporation President's Street Address	Daytime Phone Evening Phone
	-7-
City State Zip *Email Address: (Please Print)	Cell Phone Fax #

D. Trust						
Name of Trust	Trustee's Name					
Trustee's Street Address	Daytime Phone	Evening Phone				
City State Zip *Email Address: (Please Print) IV. CONTACT INFORMATION	Cell Phone	Fax #				
Contact name or address changes MUST be reported to A. ADMINISTRATIVE AGENT Who should we contact for business purpo						
Owner as listed. Administrative Agent as listed below						
Agent's Name	Agent's Street Address					
Agent's Company Name (if applicable)	City	State Zip				
Daytime Phone Evening Phone *Email Address (Please Print)	Cell Phone	Fax #				
B. MANAGING AGENT						
Who is responsible for the day-to-day management of the rental facility? Owner as listed. Administrative Agent listed above. Other firm or individual listed below						
Management Representative's Name	Management's Street Address					
Management Company Name (if applicable)	City	State Zip				
Daytime Phone Evening Phone *Email Address (Please Print)	Cell Phone	Fax #				

ent to receive legal serves. ignate a Legal Agent wh	vice of process.
ARYLAND HOME addroccept responsibility as	
esides in the STATE OF of Information.)	MARYLAND
d resident as Legal Age	ent
Daytime Phone	Evening Phone
Cell Phone	Fax #
Agent for service of legal	Date
	ARYLAND HOME addresses in the STATE OF to Information.) d resident as Legal Age Daytime Phone Cell Phone

V. LEAD POISONING PREVENTION CHECKLIST - must be completed Maryland law requires that all owners of residential rental property comply with the State Lead Poisoning Prevention requirements and that proof of compliance be provided to local government before authorizing a property to be rented. **Please Note:** You MUST provide the following information before your property will be licensed to operate as a rental facility in Montgomery County. Further information regarding Lead Poisoning Prevention and compliance may be obtained through Maryland Department of the Environment (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 or 410-537-4199. Copies of certificates must be provided for units built before January 1, 1978. 1. Was this residential rental property built before January 1, 1978? Yes No ☐ Year Built If YES, you **must** answer the remaining questions. If NO, skip to signature. 2. Is this property registered with MDE? Yes 🗌 No \square *If YES, enter MDE Tracking # (Formerly referred to as the MDE owner number.) *If NO, please contact (MDE) online at www.MDE.state.md.us/lead or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements 3. Is the property registration current? Yes 🗍 No \square *If NO, please contact (MDE) online at www.MDE.state.md.us/lead or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements 4. What is your Lead Inspection Certificate # for current tenancy *Copies of Lead Inspection Certificates Must be Provided for Properties Built Before 1978* NOTE: All multi-family properties built before 1978 MUST list Lead Inspection Certificate #'s for each rental unit. VI. LEASE AGREEMENT ☐ I have attached a copy of the lease agreement being offered to prospective tenants, including all lease addenda, rules and regulations and rental application forms referenced in the subject lease or ☐ I will be using the County's sample lease agreement approved by the Montgomery County Commission on Landlord-Tenant Affairs VII. OWNER'S SIGNATURE (Agent signature not acceptable) I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand that if there are any changes in property ownership, owner address, or agent/contact information that I must notify Montgomery County Department within 10 days of the change. **Owner's Signature** (Agent signature not acceptable) Date Print or Type Name of Person Signing HAS THE OWNER: ☐ Enclosed a copy of the rent roll for this multi-family? ☐ Signed the Application? Designated a Legal Agent in Maryland? Completed Lead Poisoning Prevention Checklist? Enclosed copy of lease being used (with addenda) or confirmed using County's sample lease?

Made Check Payable to Montgomery County, Maryland?

Enclosed Payment?